



**MISSISSIPPI**  
*Board of Pharmacy*

Mailing Address:  
6360 I-55 North  
Suite 400  
Jackson, MS 39211  
Office: 601-899-8880  
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**AMENDMENT TO LICENSE OR REGISTRATION**

MISSISSIPPI LICENSE/REGISTRATION NUMBER: \_\_\_\_\_

NAME AS IT APPEARS ON LICENSE: \_\_\_\_\_

Please select type of change to be made:

☐ Address Change    ☐ Name Change    ☐ Change of Employment

☐ **Address Change**

**Change FROM:**

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**Change TO:**

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

☐ **Name Change (Please provide documentation of legal name change)**

**Change FROM:** \_\_\_\_\_

**Change TO:** \_\_\_\_\_

☐ **Change of Employment (Please include the MS permit number of employer, if applicable)**

**Change FROM:** \_\_\_\_\_

**Change TO:** \_\_\_\_\_

Type of License:

☐ Pharmacist

☐ Student Intern/Extern

☐ Pharmacy Technician

If you wish to have a new ID card mailed to you please include a \$25.00(pharmacists)/\$15.00(technician) check or money order.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

License Number: \_\_\_\_\_

File Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number: \_\_\_\_\_